

Kentucky Diabetes Connection



The Communication Tool for Kentucky Diabetes News

AACE

American Association of
Clinical Endocrinologists
Ohio River Regional Chapter

ADA

American Diabetes
Association

DECA

Diabetes Educators
Cincinnati Area

GLADE

Greater Louisville Association
of Diabetes Educators

JDRF

Juvenile Diabetes Research
Foundation International

KADE

Kentucky Association of
Diabetes Educators

KEC

Kentuckiana Endocrine Club

KDN

Kentucky Diabetes
Network, Inc.

KDPCP

Kentucky Diabetes Prevention
and Control Program

TRADE

Tri-State Association of
Diabetes Educators

A Message from Kentucky Diabetes Partners

OVER 250 HEALTH PROFESSIONALS ATTEND 2011 STATEWIDE DIABETES SYMPOSIUM



Dr. Omar Ali, left, a pediatric endocrinologist from Wisconsin, presented "Glycated Albumin as a Monthly Diabetes Monitor" at the 2011 Statewide Diabetes Symposium.



Dr. Benjamin Schaffer, above beside podium, a podiatrist from Louisville, answers questions following his diabetes symposium presentation regarding monitoring high risk feet in diabetes and techniques for foot assessments.



Lorena Drago, left, a dietitian and certified diabetes educator from New York, offered enlightening information at the state symposium regarding counseling the Hispanic / Latino person.



Patrick Murphy Welage, left, discusses "Laughter Yoga" during his symposium presentation.



Lisa Branzel, a Certified Exercise Specialist from Ohio, discusses exercise as medicine in diabetes.

See page 2-3 for symposium article and more photos.

WHAT WE LEARNED IN 2011 — DR. POHL'S COLUMN — P. 4-5

NATIONAL DIABETES PREVENTION RECOGNITION PROGRAM LAUNCHED — P. 7

KENTUCKY'S NEW COORDINATING BODY OF AACE — P. 9 AND MORE!

DIABETES DAY AT THE CAPITOL: A SUCCESS STORY — P. 11

STATEWIDE DIABETES SYMPOSIUM ARTICLE AND PHOTOS

(CONTINUED FROM P.1)



Julie Muscarella, above with sign, served as bell ringer and time keeper during exhibitor visits to keep the symposium on time.



Marisa McLin, with the Franklin County Health Department, organizes the symposium door prize drawing.



Symposium attendees visiting exhibits.

Photos provided compliments of O'Neil Arnold Photography

Submitted by: Symposium Planning Committee with representatives from DECA, GLADE, KADE, KDN, KDPCP, and TRADE

The fifth annual Kentucky Statewide Diabetes Symposium 2011 was held in recognition of *World Diabetes Day* on November 18, 2011 at the Clarion Hotel in Lexington, Kentucky. This collaborative diabetes program was attended by nearly 260 healthcare professionals from many different practice areas within Kentucky, Ohio, Indiana, and Missouri.

Participants enjoyed a day filled with exceptional speakers with topics including: Glycated Albumin (presenter Omar Ali, MD), High Risk Foot / Foot Assessments (presenter Benjamin Schaffer, DPM), Hispanic / Latino Counseling Skills (presenter Lorena Drago), Exercise as Medicine (presenter Lisa Branzel), and Laughter Yoga (presenter Patrick Welage). A breakdown of the 259 participants included: RNs 120, LPNs 2, RDs 91, certified nutritionist 1, RPhs 4, social workers 2, MDs 2, ADA 1, health educators 5, podorthist 1, podiatrist 1, athletic trainer 1, MA 1, MPA 1, adm. asst. 1, exhibitors (not counted elsewhere) 25.

Without the collaboration and support of many individuals and organizations, this symposium would not have been possible.

The planning committee, with representatives from the Diabetes Educators of the Cincinnati Area (DECA), the Greater Louisville Association of Diabetes Educators (GLADE), the Kentucky Association of Diabetes Educators (KADE), the Kentucky Diabetes Network (KDN), the Kentucky Diabetes Prevention & Control Program (KDPCP) and the Tri-State Association of Diabetes Educators (TRADE), would like to thank the companies who provided grants or resources to make the 2011 Kentucky Statewide Diabetes Symposium a success. Sponsors included: Eli Lilly and Company, Epinex, Insulet Corporation (Omnipod), Novo Nordisk, and Roche Diagnostics.

Planning for the 2012 Kentucky Statewide Diabetes Symposium has already begun. The symposium planning committee invites you to join this effort by contacting Julie Shapero at Julie.Shapero@nkyhealth.org.



Theresa Renn, above left, director of the KY Diabetes Prevention and Control Program, presents Tami Ross, above right, upcoming national president of the American Association of Diabetes Educators (AADE), with a recognition award on behalf of KY diabetes educators.



Ava Eaves, above, introduces a symposium presenter on behalf of KADE.



DECA representative, Catherine McCormick, introduces speaker, Patrick Welage, at the symposium.

STATEWIDE DIABETES SYMPOSIUM ARTICLE AND PHOTOS

(CONTINUED FROM P.2)



2011 State Diabetes Symposium committee members included from left to right: Julie Muscarella, Janice Haile, Nancy Walker, Teresia Huddleston, Kim Jackson, Chair Julie Shapero in purple, Lisa Arnold, Ronda Merryman-Valiyi, Stacy Koch, Dr. Stephen Pohl, Dana Graves, Ava Eaves, and Joan Geohegan.



Symposium participants get involved during the exercise presentation.



Nearly 260 health professionals attended the Kentucky Statewide Diabetes Symposium held November 18th in Lexington.



Amy Campbell, diabetes educator from Lexington, waits in line to ask a presenter a question while Julie Shapero, Symposium Chair, looks on.



Nearly 30 exhibitors were available at the symposium for attendees to visit.

**Watch This Newsletter
for the
2012 Kentucky Statewide Diabetes
Symposium Date!**



Patrick Murphy Welage, left center in blue "Laughter Yoga" shirt, gets the audience involved in his presentation.

DR. POHL'S COLUMN

WHAT WE LEARNED IN 2011



Stephen L. Pohl, MD
slpohl@insightbb.com

Submitted by: Stephen Pohl, MD, Endocrinologist, Lexington, KY, KDN, ADA and AACE member

In mid December an email entitled “*Medscape Year in Medicine: The Most Significant Medical Advances and Events of 2011*” showed up in my inbox. Medscape is an online medical

information and education service provided by WebMD. Although directed primarily at physicians, it is open to all health professionals at no cost. Medscape provides, among many other services, daily newsletters organized by specialty. I have browsed Medscape Diabetes and Endocrinology newsletters for many years and find it to be a very efficient way to keep up with what’s going on in my field.

In the above mentioned newsletter, I found an article “What Did We Learn About Diabetes in 2011?” by Gregory A. Nichols, PhD. Dr. Nichols identified nine studies published in 2011 that he considers “game changers” and presents his ideas about what these studies mean for practitioners. I was so impressed that I decided to postpone the piece I had planned for this issue of the KY Diabetes Connection and call attention to Medscape’s unique and very useful contribution. To read the article, go to www.medscape.com, register if necessary, and search on “diabetes 2011”.

Here are the nine conclusions or points of view identified by the Medscape article:

1. **Prevent diabetes to prevent cardiovascular disease.**
2. **Negative energy balance reverses type 2 diabetes.**
3. **Intensive therapy induces a remission of type 2 diabetes.**
4. **The DASH diet is beneficial.**
5. **Modest weight loss improves cardiovascular risk.**
6. **Less aggressive glycemic control is appropriate for older patients.**
7. **More frequent encounters are associated with better risk control.**
8. **Electronic Health Records (EHR's) improve**

diabetes care.

9. Pioglitazone is weakly associated with risk for bladder cancer.

Each of these points follows from a landmark study published in 2011 or is the result of a line of research that culminated in 2011.

Nothing on the list even hints of a breakthrough in our understanding and management of diabetes. Instead, these are more baby steps that have characterized our progress with diabetes during the past several decades. It is also striking that there is a definite behavioral tone to the list. There is very little related directly to drugs and nothing related to devices or surgical procedures. Finally, the lack of advances related to type 1 diabetes is noteworthy. Following are my brief comments and opinions about each item on the list. For a more thorough discussion, including an explanation as to why each is a game changer and a discussion of what each means to practitioners, please see the original article.

The idea that we should prevent diabetes to prevent cardiovascular disease sounds like something that we have known or should have known all along.

The new wrinkle is that recent evidence attributes the cardiovascular risk associated with pre-diabetes to co-morbid conditions such as hypertension and dyslipidemia and not to blood glucose level. Thus, preventing progression from pre-diabetes to diabetes also prevents progression to a state of higher cardiovascular risk. This is a potent argument for detection and aggressive treatment of pre-diabetes.

For years, I have been harping on the importance of energy balance, rather than body weight, in the relationship between obesity and type 2 diabetes. It is nice to see that the concept has finally achieved game changer status.

The issue comes up now because of a study that shows improvement in diabetes control by severe caloric restriction equal to that produced by bariatric surgery. A low cost, non invasive alternative to surgical treatment of obesity related conditions would be very desirable. Furthermore, a brief trial on a very low calorie diet will be useful in predicting the response to surgery.

DR. POHL'S COLUMN (CONTINUED)

Aggressive treatment at diagnosis frequently induces a remission of type 1 diabetes. A recent study demonstrates a similar effect in type 2 diabetes.

The implication from this finding is that we should recommend and help achieve normal blood sugars in our patients with newly diagnosed type 2 diabetes. The honeymoon period lasted for years in some of my patients with type 1. It would be wonderful to see the same phenomenon in type 2.

A recent study of the Dietary Approaches to Stop Hypertension (DASH) diet showed remarkable improvement in diabetes control and other cardiovascular risk factors with only modest weight loss.

As far as I can tell, the DASH diet is based on nutritional concepts that we have been recommending to our patients for many years. The problem for everyone, of course, is adherence to these recommendations. I believe that successful management of diabetes requires at least an effort to eat right and that the measures of success should be diabetes and risk factor control and not body weight.

It has long been known that reduction of body weight by only 5-10% may be associated with major improvement in diabetes control.

A recent study extends this observation to cardiovascular risk factors. This finding is important because the success rate for long term body weight reduction is very low. Fortunately, our patients can achieve major health benefits from lifestyle changes without having to lose much weight.

Following the publication of the Diabetes Control and Complications Trial, the American Diabetes Association recommended that the goal for diabetes treatment should be an A1c less than 7%. This is an achievable goal for many patients, and, at that level of control, the risk for complications of diabetes is small. Nevertheless, many authorities have argued that the goal should be to reduce A1c to non-diabetic levels. A few years ago, evidence began to appear that trying to achieve such strict goals in severely ill patients might be counterproductive.

Now we have evidence that mortality is greater in elderly patients treated to A1c less than 6%. A target of 6-8% is probably more appropriate.

In my opinion, we should stop arguing about the last

1% A1c reduction and focus more attention on trying to get A1c below 8% in all persons with diabetes.

For as long as I can remember, the standard interval for diabetes patient visits has been three months. It turns out that reaching therapeutic goals occurs much faster in patients seen every 1-2 weeks.

It will be interesting to see if patients will accept the expense and inconvenience associated with more frequent visits. Also, availability of practitioners to conduct these visits will be an issue.

I have watched the development of electronic health records (EHR) ever since I started using one in my own practice in 1991.

The idea that we have to wait until scientific research proves the value of EHR technology is silly.

Modern information technology will eventually be ubiquitous in health care as it is in nearly all aspects of society. The traditional medical record is so bad that almost anything would be better.

The association between pioglitazone use and bladder cancer was big news in 2011 and caused the discontinuation of this drug in many patients. My older son is an Actos salesman; so, it would be inappropriate for me to comment further.

However, I agree with what Dr. Nichols has to say on this subject, "As with all therapies, pioglitazone's benefits need to be weighed carefully against the risk for adverse events."

There you have it, the nine game changing results from the diabetes research effort in 2011. One could argue that there are other research results that will change routine practice but I can't think of any.

The total amount spent on diabetes related research in 2011 was about one billion dollars.

Did we get our money's worth?

Before answering that question, remember that the country would save many billions by actually implementing some of these recommendations.

Regardless, I think that Medscape has done diabetes care practitioners a service by asking what we learned in 2011 and arranging for Dr. Nichols to provide a thoughtful and scholarly answer.

NEW CDC AND U.S. CENSUS BUREAU DATA AVAILABLE ON HEALTH INSURANCE COVERAGE



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

The CDC recently announced that an important new data set is now available via the internet: *Health Insurance Coverage Status by Age, Race, Hispanic Origin, Sex and Income for Counties and States: 2008 and 2009* <http://www.census.gov/did/www/sahie/index.html>. The estimates were released to the public by the U.S. Census Bureau: Small Area Health Insurance Estimates.

These are estimates of the low-income, uninsured populations at both the state and county levels. ***Small Area Health Insurance Estimates (SAHIE)*** are currently the only source for estimates of health insurance coverage status for all counties in the nation.

The estimates are the result of a multi-year collaboration between CDC's Division of Cancer Prevention and Control and the Census Bureau's Small Area Estimates Branch. Florence Tangka has been leading this effort from the CDC. At the website, you may construct your own tables, download the entire data set, utilize the interactive mapping tool, and/or read the methodology.

Available data sets include:

COUNTY level:

People with and without health insurance coverage by:

- Ages 0-64, 18-64, and 40-64;
- Sex;
- All incomes, incomes less than or equal to 138, 200, 250, and 400 percent of the poverty threshold;
- Ages 0-18 (under 19) by sex, all incomes and, less than or equal to 138, 200, 250, and 400 percent of the poverty threshold;
- Measures of uncertainty.

STATE level:

People with and without health insurance coverage by:

- Ages 0-64, 18-64, 40-64, and 50-64;
- Sex;
- White alone not Hispanic, Black alone not Hispanic, and Hispanic;
- All incomes, incomes at or below 138, 200, 250, and 400 percent of the poverty threshold. The

138% and 400% income-to-poverty ratios are relevant to the new health care reform legislation;

- Ages 0-18 (under 19) by sex, all incomes and 138, 200, 250, and 400 percent of the poverty threshold;
- Measures of uncertainty.

In addition to the data, the Census Bureau is releasing a thematic mapping tool that permits users to examine health insurance coverage by county, based on various demographic variables.

The original purpose of this work was to supply the National Breast & Cervical Cancer Early Detection Program (NBCCEDP) with a working denominator for its primary program outcomes: percentage of eligible women screened for breast and cervical cancer. These data may be useful in the evaluation and planning of other programs or initiatives that work with similar uninsured, low-income populations.

If applicable, NBCCEDP programs are strongly encouraged to utilize these county-level estimates to evaluate the equitable distribution of screening resources across their jurisdictions. These programs can now calculate a screening rate for each county; using the number of unique women screened (use correct age group and time period) in a county as the numerator and the county eligible population estimate as the denominator. A map may be the best way to illustrate the consistency (or variation) in screening rates among counties.

Please contact CDC if your organization intends to use these SAHIE data or has done so in the past so that CDC can gauge the extent to which these estimates are being used beyond their original purpose. Additionally, we would like to invite any interested collaborators for this work to contact us. Please contact Florence Tangka at Ftangka@cdc.gov or 770-488-1183; or Bethany S. DeSalvo at bethany.desalvo@census.gov or 301-763-5737.

HOT NEWS!

DIABETES PREVENTION RECOGNITION PROGRAM LAUNCHED!

The CDC's Division of Diabetes Translation has now launched a new recognition program — the National Diabetes Prevention Program — as part of its efforts to reverse the increase in new cases of type 2 diabetes nationwide! The program's key component, a structured lifestyle intervention, has been proven effective in helping participants at high risk for type 2 diabetes lose a moderate amount of weight (5% to 7% of their current weight) and increase their physical activity to 150 minutes per week. These two actions have been proven to prevent or reduce the onset of type 2 diabetes by nearly 60%.

To find out more about this program, go to the National Diabetes Prevention Program website at www.cdc.gov/diabetes/prevention. Also, visit www.cdc.gov/CDCTV/ChangeForLife/index.html to watch a brief video, *A Change for Life*. This video provides an overview of the program, with highlights of participants discussing how the intervention helped them make sustainable lifestyle changes to prevent type 2 diabetes.

If your organization is interested in offering the lifestyle change program in your community, CDC recommends that you review the program's standards and complete an organizational capacity assessment to see if your organization is ready to move forward.

Diabetes Prevention Recognition Program

CDC's National Diabetes Prevention Program will be recognizing evidence-based programs through the Diabetes Prevention Recognition Program (DPRP) in early 2012. Be sure to review DPRP's standards and operating procedures, the capacity assessment, and the application form as you consider applying for

recognition. There are many benefits to applying for recognition including being listed in a comprehensive registry of evidence-based lifestyle change programs across the United States, receiving technical assistance to enhance your program's impact, and the potential of receiving third-party reimbursement for program delivery.

Go to the National Diabetes Prevention Program's website at www.cdc.gov/diabetes/prevention for more information on starting a lifestyle change program in your community. CDC will be receiving applications for recognition beginning in early 2012. Sign up for email updates on the website to be notified when applications are being accepted.

Working together, we can achieve the goal of a world free of the devastation of diabetes.

1

Form Approved
OMB No. 0930-0099
Exp. Date 11/30/2014

Centers for Disease Control and Prevention Diabetes Prevention Recognition Program

Standards and Operating Procedures

www.cdc.gov/diabetes/prevention/recognition

August 29, 2011

Public reporting burden of this collection of information is estimated to average one hour per response for the Diabetes Prevention Recognition Program Application Form and one hour per response for the submission of Evaluation Data, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx)

KY DAART

DIABETES ASK - ADVISE - REFER ABOUT TOBACCO

Submitted by: Bobbye Gray, KY Tobacco Prevention and Control Program, Frankfort, KY, KDN member

The KY Diabetes Prevention and Control Program and the Tobacco Prevention and Control Program are collaborating to help diabetes patients who use tobacco products to quit. In Kentucky, the adult smoking rate is 24.8% and approximately 445,200 adults in Kentucky have diabetes. Of those Kentuckians with diabetes, 22% report smoking. Diabetes and smoking is a risky combination considering:

- People with diabetes are 3 times more likely to die of cardiovascular disease. Smoking and diabetes together make people with diabetes 11 times more likely to die of a heart attack or stroke.
- Smoking raises blood sugar levels and impairs the body's ability to use insulin, making it hard to control diabetes. Smoking only one cigarette reduces the body's ability to use insulin by 15%.
- Smoking increases cholesterol levels and the levels of other fats in the blood, increasing the risk of having a heart attack.
- Smoking cuts the amount of oxygen reaching tissues. This can lead to a heart attack or stroke. Pregnant women who smoke are more likely to have a miscarriage or stillbirth.
- People with diabetes who smoke are 2 times as likely to have circulation and wound healing problems. These can lead to leg and foot infections, sometimes requiring amputation.
- Smokers with diabetes are more likely to develop nerve damage (neuropathy) and kidney disease (nephropathy).
- Smoking increases chances of permanent vision loss or blindness.
- Smoking increases muscle and joint pain.
- Smoking can cause impotence.
- Smokers with diabetes have more problems with dental disease, bleeding gums, and ulcers.

The benefits of quitting are dramatic. Better blood glucose control means a lower A1C, better circulation, less resistance to insulin, decreased risk of diabetes complications, lower blood pressure, and lower cholesterol levels which all help with diabetes management.

In 2009, the diabetes and tobacco state programs began conversations to develop a Kentucky diabetes and tobacco

training program which included tools for KY diabetes educators. The tools in this new program were created to ask diabetes educators to do 3 simple things which can be remembered by thinking of the “DAART” acronym. “DAART” stands for “Diabetes Ask-Advise-Refer about Tobacco” use. The goal of the program is NOT for a diabetes educators to become a tobacco cessation expert or provide intensive tobacco cessation counseling. **The goal is for Kentucky Diabetes Educators to do 3 simple things for our diabetes patients who smoke or use tobacco products:**

- **ASK** (at every visit) if your diabetes patient uses tobacco.
- **ADVISE** your patient (especially because they have diabetes) to quit using tobacco products.
- **REFER** your patient to Kentucky's Tobacco Quitline (1-800-QUIT NOW) if they are willing to make a quit attempt within the next 2 weeks (then fax a referral form to the KY Quitline).

Fax referral forms can be downloaded at <http://chfs.ky.gov/dph/info/dpqj/cd/ProfTools.htm> then click on “Fax Referral for Tobacco Quitline”. Mark on the form that you are a diabetes educator. Or if the patient calls the Quitline themselves — ask them to tell the call line that their diabetes educator referred them.

The KY Quitline will offer the patient intensive, one-on-one interventions to help them quit smoking or using other forms of tobacco. Please verify a working telephone number where the patient can be reached before faxing in the information to the Quitline. Since July 2010, approximately 2715 individuals have contacted Kentucky's Quitline, with only 5 people (< 1% of total calls) saying they were referred by a diabetes educator.

So KY diabetes educators, PLEASE HELP YOUR DIABETES PATIENTS WHO USE TOBACCO BY – ASK- ADVISE- REFER!



To receive a free **DAART** toolkit, first view a webcast by going to <https://ky.train.org/DesktopShell.aspx> (create an account if you do not already have one).

Next, log in and look at the far right column and type 1018633 in the course ID and press go. Review the webcast. After completing the webcast, you will receive a toolkit. If you are a diabetes educator who works outside of KY, KDPCP would still like for you to use the KY toolkit for your patients. If you have any questions about **DAART** or Tobacco Cessation, please contact me at Bobbye.Gray@ky.gov.



KENTUCKY'S COORDINATING BODY FORMED



Submitted by: *Nancy Walker, RD, CDE, Kentucky Diabetes Prevention and Control Program of the Green River District Health Department, KDN, TRADE member*

The transition team forming Kentucky's State Coordinating Body (CB) of the American Association of Diabetes Educators (AADE) had their first "face to face" meeting on November 17, 2011, in Lexington, KY, at the Clarion Hotel. Representatives from all four of the previous AADE Kentucky "chapters", now called Local Networking Groups "LNG's" of AADE, were present.

The group met the evening before the Kentucky Statewide Diabetes Symposium. Individuals present were chosen by their respective LNGs to serve as part of a transition team to continue the process of implementing the changes set forth from AADE to establish a state coordinating body (CB). The purpose of the meeting was to discuss the AADE guidelines for CB development and to begin this process in KY.

Representatives from the LNGs included the following individuals: from the Greater Louisville Association of Diabetes Educators (GLADE) — Betty Bryan, Vanessa Paddy, and Melissa Kleber; from the KY Association of Diabetes Educators (KADE) — Ava Eaves; from the Tri State Association of Diabetes Educators (TRADE) — Teresia Huddleston, Janice Haile, and Nancy Walker; and from the Diabetes Educators Cincinnati Area (DECA) — Julie Shapero.

Initial discussion centered around the number of individuals needed to serve on the CB from each LNG and how DECA would be affiliated with the KY CB since their primary affiliation would be with another state CB (Ohio).

After discussion it was agreed by consensus that: **the Coordinating Body from Kentucky will have a total of ten members, three from each of the KY affiliated LNG's (TRADE, GLADE and KADE) and one member from DECA (since DECA has chosen to be affiliated with the Ohio CB but also has Kentucky members, it was agreed that DECA will have one member on the KY CB who will serve as the member at large).**

The transition team also decided, by consensus, that at least one person from each LNG must be present for any CB decision making and that consensus of all attending members must occur for any action to take place.

The next discussion item included finances of the CB. It was reported that all LNG's had completed the process of turning their treasury over to AADE. It was reported that TRADE members were informed in a conference call with Pati Mangano, that AADE will now allow separate tracking of money specific to each LNG. It was also noted that all LNG's were to use the AADE tax exempt numbers and W-9 form for business purposes.

Lastly, the issue of leadership for the actual CB was discussed. By consensus, it was decided that the Kentucky Coordinating Body would be made up of a Chairperson, a Finance person, a Technology person, an Advocacy person, a Marketing /

Membership person, and an Education person. Members present volunteered to serve in certain positions to expedite the transition process. **Volunteers for positions included the following:**

Chair – Betty Bryan

Finance – Ava Eaves

Technology – Melissa Kleber (each LNG will have their own technology person as well).

Advocacy – Nancy Walker (is serving as the KDN advocacy chair so this would coordinate well together)

Communications – Vanessa Paddy

Marketing / Membership – Janice Haile

Education – Teresia Huddleston

Member at Large – Julie Shapero

The new CB decided to conduct quarterly business meetings as follows:

- 1st Quarter (Jan/Feb/Mar) – conference call by phone;
- 2nd Quarter (Apr/May/June) – meet face to face at the annual TRADE workshop in May;
- 3rd Quarter (July/Aug/Sept) – conference call by phone;
- 4th Quarter (Oct/Nov/Dec) – meet face to face at the annual statewide diabetes symposium.

If you have any questions, please contact anyone on the new CB.



Betty Bryan



Ava Eaves



Melissa Kleber



Nancy Walker



Vanessa Paddy



Janice Haile



Teresia Huddleston



Julie Shapero

LAKE CUMBERLAND DISTRICT PROMOTES AMERICAN DIABETES MONTH

The Lake Cumberland District Health Department Diabetes Education Team has been hard at work throughout November promoting American Diabetes Month.

- Proclamations were signed by all ten County Judge Executives designating November 14th as Diabetes Awareness Day in each County.
- Sets of children's books about diabetes, *The Eagle Books*, written by Georgia Perez, were given to each of the 33 elementary schools in the District.
- 2140 employees throughout the district received a payroll stuffer about diabetes prevention and risk factors.
- Educators spoke on local radio stations about diabetes prevention & management.
- Finally, on November 19th the Third Annual Diabetes Walk was held in Pulaski County, with approximately 100 individuals walking to promote Diabetes Awareness.



Diabetes educator, Destiny Greer, far left, pictured with Adair County elementary students and teacher Beth Ellison, far right.



Pulaski County Diabetes Walk participants releasing balloons as a symbol of hope.



LaCosta Carver, above left, pictured with Clinton County Elementary School Principal Tim Armstrong.



Pictured with Leslie Coffee, above left, is McCreary County Judge Executive Doug Stephens signing a Diabetes Proclamation.



Pictured with Donnetta Tungate, above right, is Taylor County Judge Executive Eddie Rogers signing a Diabetes Proclamation.

DIABETES DAY AT THE CAPITOL

A SUCCESS STORY

Ever wondered what influence or impact the KY Diabetes Network's (KDN) activities might have on the individuals who attend them?

Take, for example, the *2011 Kentucky Diabetes Day at the Capitol* and the attendance of then Henderson Community College (HCC) nursing student, Erin Moore. Erin, who became a registered nurse this past year, says she was so impressed by the diabetes needs and advocacy efforts from *Diabetes Day at the Capitol* that she decided she wanted to become a diabetes educator to influence and impact the care and outcomes for people who were diagnosed with diabetes. Erin sought out a job in diabetes and began working at the St. Mary's Medical Center in Evansville, IN on a medical diabetes unit on 6 south.

Dianne Siewert and Janet Meyer, two of Erin's former nursing instructors at HCC, are members of the Henderson County Diabetes Coalition who have made the annual *KDN Diabetes Day at the Capitol* event part of their community nursing curriculum.

Dianne and Janet say the annual *Diabetes Day at the Capitol* is a way for students to experience firsthand how nurses, along with other diabetes educators and advocates, can influence and change our health care system for the better — on behalf of our patients. They want their students to understand that nurses have opportunities to advocate for our patients beyond the clinical setting.

Dianne and Janet not only “talk the talk” about influencing diabetes patient care — they also “walk the walk”. On December 7th, they spearheaded and worked with the local diabetes coalition and diabetes educator local networking group (TRADE LNG) to offer a free, all day diabetes continuing education program for over 50 health professionals in the Henderson / Evansville area.

Kudos to Dianne, Janet, and Erin in their endeavors to share light and hope for Kentuckians with or at risk for diabetes!



Dianne Siewert, left, nursing instructor at Henderson Community College (HCC), Erin Moore, center, former HCC nursing student now a diabetes educator, and Janet Meyer, right, HCC nursing instructor, pictured at a free professional diabetes education event they offered.

DIABETES DAY AT THE CAPITOL SAVE THIS DATE!

FEBRUARY 9, 2012

Who Should Come?

Anyone interested in the prevention or control of diabetes in Kentucky

What?

Advocacy training and visits with your legislators

Where?

State Capitol in Frankfort, Kentucky

Sponsored By:

- The Kentucky Diabetes Network (KDN) and partners including the
- American Diabetes Association
 - KY Coordinating Body of the American Association of Diabetes Educators (AADE)
 - Kentuckiana Juvenile Diabetes Research Foundation

For More Information:

Contact Nancy Walker at nancy.walker@grdhd.org



Diabetes educators, photo left, attend a free diabetes continuing education program for professionals offered in Henderson.

ACIP RECOMMENDS HEPATITIS B VACCINATION FOR ADULTS WITH DIABETES

Submitted by: Robert Brawley, MD, KY Department for Public Health, Frankfort, KY

Taken in part from Infectious Disease News Webpage by Ashley DeNyse <http://www.infectiousdiseasenews.com/article/88870.aspx>

In a 12-2 vote, members of Advisory Committee on Immunization Practices (ACIP) recommended hepatitis B virus vaccination be given to unvaccinated adults with diabetes who are age 60 years or younger.



During the meeting, **Mark H. Sawyer, MD**, chairman of the ACIP working group, said this recommendation was prompted by a number of outbreaks of HBV in institutional settings.

"We have learned that there is an increased risk for HBV in the general adult population with diabetes, and that this increased

risk appears to be associated with assisted blood glucose monitoring when equipment is shared and adequate hand hygiene procedures are not in use, which occurs in a wide variety of settings," said Sawyer, of the University of California, San Diego. "We've reviewed the literature on infection control practice in diabetes care and monitoring, which are intended to prevent transmission of infection when assisted blood glucose monitoring is achieved. In doing so, our work group has concluded that infection control measures alone are unlikely to be sufficient to prevent subsequent outbreaks."

Trudy Murphy, MD, of the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, said: "With the information on the increased risk for HBV among adults with diabetes, the working group considered the potential benefits that might be achieved by vaccination, how age of diabetes diagnosis may affect the proportion of those who would be protected by vaccination, and the cost-effectiveness of vaccination related to age. These considerations led to the formulation of the proposed recommendations."

Murphy presented 2009-2010 data from the Emerging Infection Program that indicate approximately a twofold

increased risk for acute HBV infection among adults aged 60 years and younger with diabetes compared with adults without diabetes. A slight increased risk was observed in adults with diabetes aged older than 60 years.

Murphy also presented results from a cost-effective analysis that suggested an HBV vaccination program would be most cost-effective among those with diabetes aged younger than 60 years — with savings of approximately \$75,000 for quality-adjusted life year gained.

"Modeling estimates demonstrate that an HBV vaccination program with 10% coverage among adults with diabetes aged between 20 and 59 years would be expected to avert 4,271 HBV infections, 467 hospitalizations, 202 cases of cirrhosis, 33 cases of hepatocellular carcinoma, 13 liver transplants and 130 deaths," said **Sarah Schillie, MD, MPH, MBA** epidemic intelligence service officer for the CDC.



Kentucky Public Health Data Resource Guide 2011



Kentucky
UNBROKEN SPIRIT

Kentucky Department for Public Health
Division of Epidemiology and Health Planning
(502) 564-3418

NEW GUIDE NOW AVAILABLE

A new KY Data Resource Guide is available and is a valuable resource for conducting research, monitoring public health goals / objectives, evaluating initiatives, or exploring Kentucky related data sources.

To recommend other useful data sources for inclusion in future editions, please contact Sara Robeson, Division of

Epidemiology and Health Planning, (502) 564-3418 extension 3567 or sara.robeson@ky.gov.

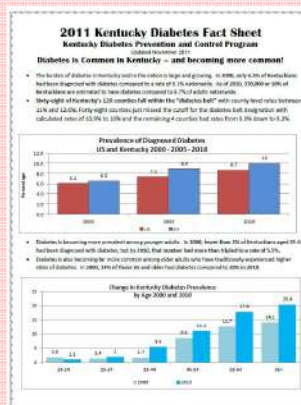
To View The Entire Guide:

<http://chfs.ky.gov/dph/DataResourceGuide.htm>

REFER YOUR PATIENTS

MyFoodAdvisor®
RECIPES FOR HEALTHY LIVING

**2011 KENTUCKY DIABETES
FACT SHEET NOW AVAILABLE**
**Visit [www.chfs.ky.gov/dph/info/dpqi/cd/
diabetes.htm](http://www.chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm) (click on fact sheets)**
or call 502-564-7996
(ask for the diabetes program).



AADE12

POWER OF PARTNERSHIP

ANNUAL MEETING
& EXHIBITION
INDIANAPOLIS, IN
AUG. 1-4, 2012

Packed with over 80 dynamic sessions,
fresh topics, innovations and information

- 20+ CE Credits for RN's, RD's, RPh's and CDE's
- Great Networking Opportunities - Connect with educators from across the country
- The Largest Diabetes Education Focused Exhibit Hall! Learn about all the latest products for your patients.

New in 2012: Registration/Hotel Bundle Discount

- Save \$200 on Full Program Registration - Register for AADE12 by March 30, 2012.
- Save \$100 on Full Program Registration - Register and book your housing through AADE.
- Save \$35 More - Join AADE or renew when your membership when you register for AADE12!

Go to: <http://www.diabeteseducator.org/annualmeeting/2012/index.html>

MARK YOUR CALENDARS!

2012 TRADE WORKSHOP

MAKING AN IMPACT ON THE DIABETES EPIDEMIC

MAY 11, 2012



EDUCATIONAL OFFERINGS



Conversation Maps Facilitator Training Coming Soon To Kentucky

**Marriott Griffin Gate
January 10, 2012 (Tuesday)
6-9 pm
1800 Newtown Pike
Lexington, KY 40511**

A light dinner will be served

**Register NOW at
www.journeyforcontrol.com**

For more information, contact: Kelly Holland with Merck at kelly_holland@merck.com

KADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Kentucky Association of Diabetes Educators (KADE), which covers Lexington and Central Kentucky, meets the 3rd Tuesday of every month except summer (time & location vary). For a schedule or more information, go to <http://kadenet.org/> or contact:

Dee Deakins deeski@insightbb.com or
Diane Ballard dianeballard@windstream.net

Details: go to <http://kadenet.org/>

KENTUCKY DIABETES NETWORK (KDN) MEETINGS SCHEDULED

The Kentucky Diabetes Network (KDN) is a network of public and private providers striving to improve the treatment and outcomes for Kentuckians with diabetes, to promote early diagnosis, and ultimately to prevent the onset of diabetes.

Anyone interested in improving diabetes outcomes in Kentucky may join. A membership form may be obtained at www.kentuckydiabetes.net or by calling 502-564-7996 (ask for diabetes program).

Diabetes Day at the Capitol — February 9, 2012

2012 Meeting Dates (10 am – 3pm EST)

March 2, 2012 *History Center, Frankfort, KY*

June 15, 2012 *Central Baptist Hospital, Lexington, KY*

September 14, 2012 *Shelby Campus, Louisville, KY*

December 7, 2012 *History Center, Frankfort, KY*

DECA DIABETES EDUCATOR MEETINGS SCHEDULED

Diabetes Educators of the Cincinnati Area (DECA) (covers Northern Kentucky) invites anyone interested in diabetes to our programs. Please contact Pam Doyle at pdoyl5@its.jnj.com or call 877-937-7867 X 3408. Meetings are held in Cincinnati four times per year at the Good Samaritan Conference Center unless otherwise noted.

Registration 5:30 PM — Speaker 6 PM

1 Contact Hour — Fee for attendees who are not members of National AADE

GLADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Greater Louisville Association of Diabetes Educators (GLADE), which covers Louisville and the surrounding area, meets the second Tuesday every other month. Registration required. For a meeting schedule or to register, contact Vanessa Paddy at 270-706-5071 Vpaddy@hnh.net.

TRADE DIABETES EDUCATOR MEETINGS SCHEDULED

The Tri-State Association of Diabetes Educators (TRADE), which covers Western KY/Southern IN/Southeastern IL meets quarterly from 10 am – 2:15 pm CST with complimentary lunch and continuing education. To register, call (270) 686-7747 ext. 3019 or email Nancy Walker at nancy.walker@grdhd.org.

TRADE 2012 Workshop

May 11, 2012

Henderson Community College Fine Arts Center

2660 Green Street

Henderson, KY 42420

Regular Programs

Date: Thursday, July 19, 2012

**Location: Madisonville Trover Clinic
Madisonville, KY**

Date: Thursday, October 18, 2012

**Location: Deaconess Gateway Hospital
Newburgh, IN**



ENDOCRINOLOGISTS MEETINGS SCHEDULED

The Ohio River Regional Chapter of the American Association of Clinical Endocrinologists (AACE) and the Kentuckiana Endocrine Club (KEC) meet on a regular basis. For a schedule of meetings, contact Vasti Broadstone, MD, phone 812-949-5700 email joslin@FMHHS.com



Presort Std.
US Postage
PAID
Owensboro, KY
42301
Permit # 120

Editor
PO Box 309
Owensboro, KY 42302-0309



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOU CAN TAKE CONTROL
YMCA Diabetes Prevention Program

For more information, please contact:

Louisville, Kentucky:
Diabetes Prevention Program Coordinator
Erin Brown 502-314-1613
preventdiabetes@ymcalouisville.org


Central Kentucky:
Diabetes Prevention Program Coordinator
Keoka Caulder 859-367-7333
Ddean@ymcaofcentralkentucky.org or kcaulder@ymcaofcentralky.org

Contact Information



American Diabetes Association®
Cure • Care • Commitment®

www.diabetes.org
1-888-DIABETES



TRADE
Tri-State Association
of Diabetes Educators


AN OFFICIAL CHAPTER OF THE
AADE American Association
of Diabetes Educators



KDN
KENTUCKY DIABETES NETWORK, INC.

www.kentuckydiabetes.net

KENTUCKY ASSOCIATION
of DIABETES EDUCATORS



Bluegrass / Eastern Chapter
A Chapter of AADE

www.kadenet.org



www.louisvillediababetes.org



Kentucky
UNBRIDLED SPIRIT

<http://chfs.ky.gov/dph/info/dpqi/cd/diabetes.htm>



Juvenile Diabetes Research Foundation International


dedicated to finding a cure

www.jdrf.org/chapters/KY/Kentuckiana
1-866-485-9397



Diabetes Educators Cincinnati Area

AN OFFICIAL CHAPTER OF THE
AADE American Association
of Diabetes Educators



American Association of Clinical Endocrinologists
Ohio River Regional Chapter

www.aace.com

Kentuckiana Endocrine Club
joslin@fmhhs.com

NOTE: Editor reserves the right to edit for space, clarity, and accuracy.